U.S. Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

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This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution, fines or civil per rities as provided by 29 U \$ C 439 or 440

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Form LM-30 (2003)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9986	2 Fiscal Year Covered From					
1114	1 /1/04 Through 12/31/04					
3 Name and address of person filing	4 Name file number and address of labor organization					
Nama Richard Fierro	Name South west Regional Council of					
	Labor Organization File Number 25027					
PO Box, Bidg Room No If any	PO Box, Building and Room N imber if any					
Street 9882 Avenger Court	street 533 S Freemont Ave.					
chy SAN DIEGO Ca	street 533 & Freemont Ave. 10 th F City Los Angeles					
State Ca ZIP, Code + 4 92/26	State Ca ZIP Code + 4 90071					
5 Position in labor organization Special Representative						
•						
Enter appropriate data below if during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)						
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeiling to represent						
8 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transactic 1 or Income.					
Name						
Trade Name if any						
PO Box, Bldg Room No. If any						
	7 b Amount					
Street						
Cay						
State ZIP Code + 4						
Signature						
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents), has been examine 1 by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instruction.)						
Signed Signed	on 8/12/05 858578-4105					
	Date Telephone Number					

Name of Person Filing R	chard Fies	1.カロ	File tumber U
substantial part of which consists of of an employer whose employees y	ome or economic benefit with monet buying from selling or leasing to or our leasing to or ying from or selling or leasing directly or with a trust in which your labor or	r otherwise dealing with the business is actively seeking to represent, or y or indirectly to or otherwise	is .
Trade Name If any: P O Box, Bidg Room No If any Street /245 IS	BUNN, LLP land Ave	9 Business deals with a. Labor Organiza b Trust c Employer	ation
State Ca DICG	70	26	-
10 If 9 b or 9 c is checked give to Name Trade Name if any P O Box Bidg Room No If any		11 a Nature of such dea Represent	in Personal injusto enter matters
Street Crty State	ZiP Code + 4	11 b. Approximate dollar value of Interest he Padno of M40 00	
C Received from any employ	er (other than an employer covere	12.b Amount. 240), <u>@</u>
or from any labor relations consultant to an employer any payment of mone 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name		money or other thing of value 14 a Nature of payment.	
Trade Name if any PO Box Bldg Room No if any	,		
Straet			
City	ZIP Code + 4		

14 b Amount of payment

7

or Consultant

13.b is the Business an Employer